



# 2020 ALLENTOWN POLICE DEPARTMENT

## Citizens' Police Academy Application

Name		Date	
Address		City	Zip
Telephone (    )	Cell phone (    )		Email
Sex	Date of Birth		Driver License / PA ID #
Occupation	Employer		Work Phone (    )
Shirt Size (Men's Polo Style)			

<b>LIST TWO IMMEDIATE FAMILY MEMBERS OR CLOSE FRIENDS TO BE CONTACTED IN AN EMERGENCY:</b>	
NAME:	RELATIONSHIP:
ADDRESS:	PHONE: (    )
NAME:	RELATIONSHIP:
ADDRESS:	PHONE: (    )

**DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS OR PENDING COURT CASES?** (Include all misdemeanors and felonies. Do not include infractions, such as traffic tickets.)

Yes                      No

a. If you answered "yes" to the above question, please list below the date, agency, charge, and disposition. Attach an additional sheet if necessary.

Date	Agency	Charge
Disposition		
Date	Agency	Charge
Disposition		

### Eligibility Requirements

Applicants for the Citizen's Academy must meet the following criteria:

- Be at least 21 years of age
- Have the ability to attend ALL scheduled classes
- Have no prior felony or serious misdemeanor convictions

Any requirement may be waived or modified upon review and approval of the Chief of Police

### ATTENTION:

This training is **not designed** to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and provide citizens with insight into the criminal justice system. Class size is limited. Residents and citizens who live and/or work within the city limits of Allentown will be given first priority.

### BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Allentown Police Department as part of the application process. I hereby authorize any law enforcement agency to release to the Allentown Police Department any and all information, which said agencies have about me, for the limited purpose of aiding the Allentown Police in evaluating my eligibility for the participation in their Citizens' Academy.

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize employees of the Allentown Police Department to make an examination of the above information for the purpose of evaluating my application.

Signature of Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Print Applicant's Full Name

### SUBMIT APPLICATIONS with a COPY of Photo ID to:

ATTN: Officer April Knerr  
Allentown Police Department  
425 Hamilton Street  
Allentown, PA 18101

Or in-person in the lobby of City Hall, 435 Hamilton Street, Allentown, PA 18101, between the hours of 8am-4:30pm, Monday-Friday.

**APPLICATION DEADLINE: October 16, 2020 4:30 pm.**